

USAFATC IET SICK CALL FORM

PART I: TO BE COMPLETED BY UNIT

DATE:	TIME:	UNIT:	UNIT PHONE:	UNIT CDR/REP NAME/SIGNATURE:		
SOLDIER'S NAME:			SSN:	AGE:	SEX: M F	WEEK OF TNG:
MANDATORY TRAINING EVENTS IN THE NEXT WEEK: <input type="checkbox"/> BPFT/APFT <input type="checkbox"/> BRM <input type="checkbox"/> Road March <input type="checkbox"/> FTX <input type="checkbox"/> CCC <input type="checkbox"/> COC <input type="checkbox"/> SPOTC <input type="checkbox"/> NBC(Gas Chamber) <input type="checkbox"/> Bayonet Course <input type="checkbox"/> Pugil Stick <input type="checkbox"/> Hand-to-Hand <input type="checkbox"/> Hand Grenade <input type="checkbox"/> EOCT						
REQUEST: SENT TO: <input type="checkbox"/> BAS <input type="checkbox"/> TMC <input type="checkbox"/> Physical Therapy <input type="checkbox"/> CMHS <input type="checkbox"/> DENTAC <input type="checkbox"/> RACH _____ <input type="checkbox"/> Other _____ REASON:						
CONSIDER FOR: <input type="checkbox"/> PTRP <input type="checkbox"/> EPTS						

PART II: TO BE COMPLETED BY MEDICAL PROVIDER(S)

- Profile is not to exceed 30 days.
- C/D/G and other codes are invalid.
- Any profile > 3 days must be signed by a medical officer.
- Any profile requiring recommendations or additional comments must be signed by a medical officer.
- The first day of the profile is the date at the top of this form.
The profile will end at 0500 at the end of the duration listed below.
Each day of the profile refers to a period of day and night.
For example: If a 5 day profile begins on a Monday, then the profile will end at 0500 Saturday.

SOLDIER WILL DO THE FOLLOWING UNMODIFIED ACTIVITIES: <input type="checkbox"/> NONE <input type="checkbox"/> ALL	
<input type="checkbox"/> KP / Push Lawn Mower <input type="checkbox"/> BPFT/APFT: Run / Pushups / Situps <input type="checkbox"/> Fire M16 Prone Unsupported Position <input type="checkbox"/> Fire M16 Foxhole Supported Position	<input type="checkbox"/> Run / Jump / Dodge <input type="checkbox"/> Climb / Dangle / Swing (and Jump) <input type="checkbox"/> Drill and Ceremony <input type="checkbox"/> Road March <input type="checkbox"/> Wear LBE / Rucksack <input type="checkbox"/> Squat / Kneel / Crawl <input type="checkbox"/> Pushups / Throw <input type="checkbox"/> Situps

SOLDIER WILL DO THE FOLLOWING MODIFIED/ADDITIONAL ACTIVITIES:		
<input type="checkbox"/> Soft Shoes <input type="checkbox"/> Crutches: No weight <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Walk / Stand < _____ min/hr <input type="checkbox"/> Walk / March at Own Pace / Distance <input type="checkbox"/> Lift / Carry < _____ lbs <input type="checkbox"/> Run at Own Pace / Distance	<input type="checkbox"/> Modified Pushups <input type="checkbox"/> Partial Situps (Crunches) <input type="checkbox"/> Apply Ice _____ Times Daily <input type="checkbox"/> Sleep ≥ _____ hours/night <input type="checkbox"/> Shave Every Other Day With Clippers (Not Razor)	Physical Therapy Exercises: <input type="checkbox"/> Upper Body Injury * <input type="checkbox"/> Lower Body Injury * <input type="checkbox"/> Back Injury * <input type="checkbox"/> Other (See Attached) * See Profile PT Cards at Unit

REMARKS: TODAY SENT TO: ☐TMC → [☐Medical Officer STAT (Cat II) ☐Medical Officer (Cat III) ☐QNS (Cat IV)] ←
☐Physical Therapy ☐CMHS ☐Brace Shop ☐RACH _____ ☐Other _____

DISPOSITION: <input type="checkbox"/> Return to Full Duty <input type="checkbox"/> Profile for _____ days	FOLLOWUP: <input checked="" type="checkbox"/> As needed, and ... <input type="checkbox"/> With _____ <input type="checkbox"/> Every M / T / W / Th / F <input type="checkbox"/> On _____ <input type="checkbox"/> For _____ <input type="checkbox"/> At _____ <input type="checkbox"/> Appointment pending for _____ • Soldier must bring copy of current profile to each appointment. • Unit must notify TMC and/or RACH for appointment cancellations.	ADDITIONAL COMMENTS:
MEDICATION: <input type="checkbox"/> Given / On <input type="checkbox"/> May cause drowsiness		

RECOMMEND (initials): Unit Refer CMHS Ch.11 EPTS/MEB PTRP					
SEEN IN:	BAS	TMC	Physical Therapy	Other:	Other:
TIME IN:					
MEDICAL PROVIDER SIGNATURE:					
MEDICAL PROVIDER SIGNATURE BLOCK:					